# 2011 Military Health System Conference Building Partnerships Joint Capability Area

The Quadruple Aim: Working Together, Achieving Success
Col Mylene Huynh, USAF
MAJ O. Sean Friendly, USA
CDR Timothy Donahue, USN



### **Overview**



- Describe Building Partnerships (BP) as a Joint Capability Area
- Propose health as means to contribute to Building Partnerships
- Illustrate USAF, USA, USN health BP activities
- Identify readiness capabilities required to engage in effective BP missions

### **Building Partnerships**



 "Where possible, U.S. Strategy is to employ indirect approaches primarily through building the capacity of partner governments and their security forces - to prevent festering problems from turning into crises that require costly and controversial direct military intervention. In this kind of effort, the capabilities of [our] allies and partners may be as important as our own, and building their capacity is arguably as important as, if not more so than, the fighting [we do ourselves1."

--Secretary Gates, Foreign Affairs, "A Balanced Strategy" Jan/Feb 2009

### Building Partnerships: Background



- 2006--Quadrennial Defense Review placed emphasis on building partner capacity
- 2008--DepSecDef established Building Partnerships as a Joint Capability Area
- 2009--Stability ops are a core US military mission ...prepared to conduct with proficiency equivalent to combat ops (DODI 3000.05)
- 2010--Medical Stability Ops are a core U.S. military mission...be prepared to conduct throughout all phases of conflict and across the range of military operations

### **Building Partnerships:**Definition



■ The ability to set the conditions for interaction with partner, competitor or adversary leaders, military forces, or relevant populations by developing and presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities (Approved JCA)







**2011 MHS Conference** 

### **Building Partnership**Capacity: Definition



Targeting efforts to improve the collective capabilities and performance of the DoD and its partners (QDR Roadmap, 2006)

Thus, BP establishes the relationship;
 BPC enables the partner

### **BP Joint Capability Area (JCA)**



### Joint Staff's BP capability tiering drives service

### requirements

- -Building Partnerships
- -Battlespace Awareness
- -Command & Control
- -Net-Centric
- -Logistics
- -Force Support
- -Force Application
- -Protection
- -Corp Mgmt & Support

JCA Tier I

JCA Tier II

JCA Tier III

#### Building Partnerships

The ability to set the conditions for interaction with partner, competitor or adversary leaders, military forces, or relevant populations by developing and presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities

Communicate

Inform domestic and foreign audiences

· Persuade partner audiences

· Influence adversary and competitor audiences

Shape

- Partner with foreign governments and institutions
- · Build capabilities and capacities of foreign partners and institutions
- · Provide aid to foreign partners and institutions
- · Leverage capacities and capabilities of security establishment
- · Strengthen Global Defense Posture

### **BP--Critical to DoD Core Mission**



### **Areas**

Develop procedures and doctrine necessary to build partnerships, in coordination with the Joint Staff, Combatant Commanders, the other Services, partner nations and other Agencies." DoDD 5100.1



Source: SAF/IAGS, Jun

09

### Strategic Elivironnient & Security: Why Health Engagement?



- Today's security threats:
  - "BUGS, DRUGS & THUGS"
- Shift in DoD strategies toward conflict prevention

"In the 21st century...we also face new types of emerging threats that transcend regional boundaries and imperil the global community."

-- Quadrennial Diplomacy & Development Review, 2010

### Threat: "Bugs"

- ✓ Kill en masse
- ✓ Undermine public confidence
- ✓ Impact the economy
- ✓ Devastate a state's ability to function
- ✓ Catalyst for regional instability







US State Department speculates that disease will emerge as one of the most significant "conflict starters" and "war outcome determinants" during the next decade.

### Threat: "Thugs"



- Terrorists, violent extremists & insurgents
  - No defined battlefield borders
- Protection: Influence, win "hearts & minds"

Protecting the population is the #1 objective... "The decisive terrain is the human terrain. The people are the center of gravity."

--Gen Petraeus, Aug 10







### **Shift in Security Focus** (



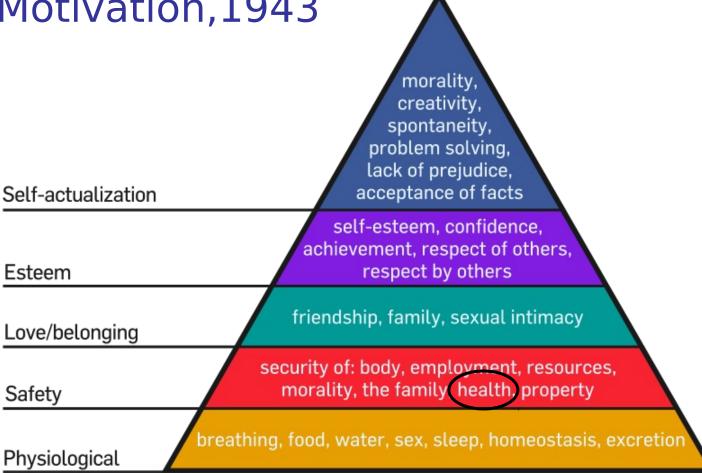
	TRADITIONAL SECURITY	HUMAN SECURITY
Orientatio n	State-centric	Individual/community
Referent	National security	Societal security
Threat	Structured violence	Unstructured chaos
Policy Goals	Competition	Cooperation
Values	Relative gains (zero sum or win-lose)	Absolute gains (non-zero sum or win-win)

Source: The Global Threat of New and Reemerging Infectious Diseases, RAND, 2003

### **Health & Human Security**



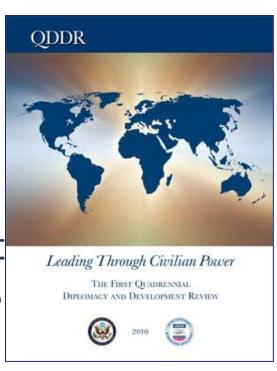
Maslow's Theory of Human Motivation,1943



### The Quadrennial Diplomacy and Development Review



- Department of State's first QDDR (Dec 10)
- Focus investment in six areas:
  - Food security
  - Global health
  - Humanitarian assistance
  - Climate change
  - Sustainable economic growt
  - Democracy and governance

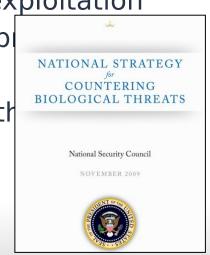


### Biological Threats: Objectives

Hacional Strategy



- 1. Promote global health security
  - Build global capacity for disease surveillance, detection, diagnosis, and reporting
    - Comply with WHO International Health Regulations
  - Improve international capacity against infectious diseases
- 2. Reinforce norms of safe and responsible conduct
- 3. Obtain timely and accurate insight on current and emerging risks
- 4. Take reasonable steps to reduce the potential for exploitation
- 5. Expand our capability to prevent, attribute and appl
- 6. Communicate effectively with all stakeholders
- 7. Transform the international dialogue on biological th



### Why Global Health **Engagement?**



- Enhance biosecurity through shared public health measures and health surveillance
- Optimize partner nation military capabilities through Force Health Protection
- Interoperability and capacity-building in AE, HA/DR & health services
- Support Department of State's Mission **Plans**
- Means for security cooperation & Building
  Partnerships to achieve Theater

### **2011 Military Health System Conference**

**Building Partnerships** 

**Air Force Medical Service Capabilities** 

Col Mylene Huynh, USAF, MC, FS





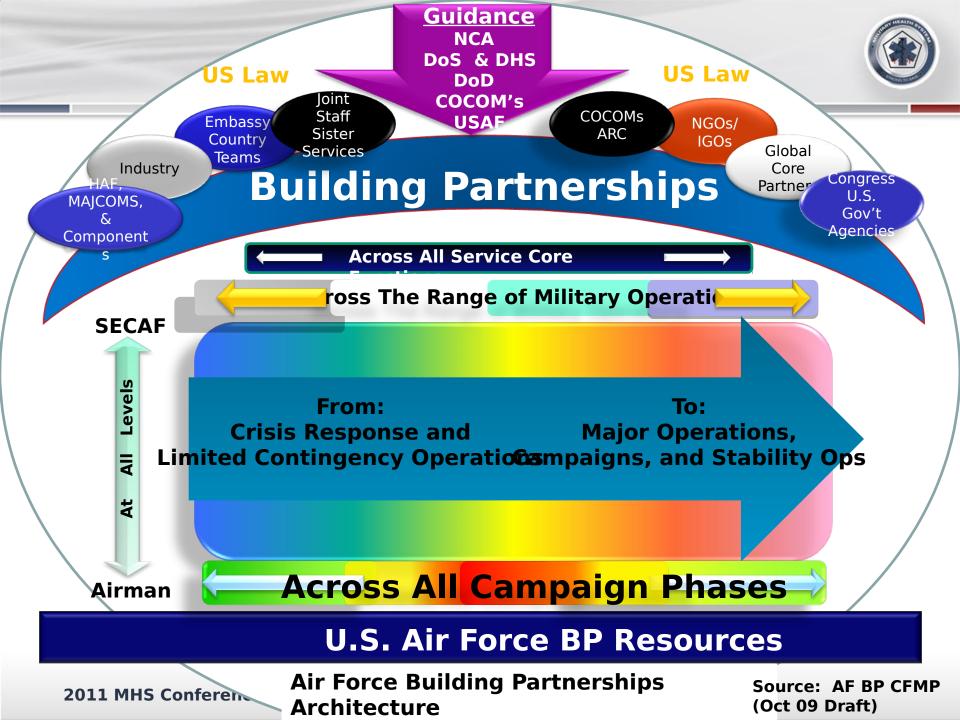


Air Force Medical Support Agency Medical Readiness Global Health Division

### **BP** as a USAF Core Function



- 2008—CSAF established Building Partnerships as a core function
  - -USAF Global Partnership Strategy provides guidance to...
    - Develop plans & programs to build global partnerships
    - Cultivate key partnerships & nurture global relations
    - Develop partners and interoperable capabilities
  - -USAF Core Function Master Plan (in draft)
  - -USAF Building Partnerships Doctrine (in



### Global Partnership Strategy For Official Use Only Means (2010 update)



Foreign Partner CONUS Beddowns			
1 or eight 1 drener contos beddowns			
Intelligence Sharing			
Defense Personnel Exchange Programs			
Cooperative Relationships			
Technology Transfer and Disclosure			
International Air and Trade Shows			
Aviation	Advisor Programs		
State Par	rtnership Program		
	Stability Ops Team		
Global Health Engagement			
Humanitarian Assistance / Disaster Response			
Senior Leader Contacts			
Language and Cultural Awareness Training for US Personnel			
Strategic Communication			
Education and Training			
Attached Personnel to US Embassies			
Exercises			
USAF - Partner AF Reviews			

### **AFMS Continuum of Engagement**



Provide seamless health service support to the Air Force and our Combatant Commanders

#### **Build Trust**

### **Biosecurity**

#### **Coalition Capability**



**Extend** operational reach of the **Joint Forces** 



**Enhance partner nation Capability for force** health protection, homeland defense, and health services



**Optimize partner** nation Airpower concepts

MEDCAPS



→ MEDRETE → Health Services → Exercises **Exchange Combined Operations** 

### International Health Specialist (IHS) Program





Established in 2000 as a Total Force program to address evolving global health issues and expand health diplomacy

#### **Statistics**

USAF only service with IHS
capability
65 full-time positions
250+ AF medics are IHS specialists
2000+ AF medics with language
proficiency in 65 languages

### **Capabilities**

Foreign language skills
Cross-cultural competency
Geopolitical insights
Regional health expertise
Interagency coordination
knowledge

### Defense Institute For Medical Operations (DIMO)







Established 2002 as AF-Navy Institute AFMS as the executive agent



Healthcare Manageme nt

Disaster Preparedne ss iosecurity

Medical Operations Patient Transport

Over 6000 medics trained in 124 countries

Mobile Training [Joint] Teams

"Train the Trainer" concept

Materials translated, training specific to host

nation

### School of Aerospace Medicine (USAFSAM)



- In-residence International Education and Training
  - Aerospace Physiology, Air Evac, Critical Care Air Transport, Mishap Investigation, Flight Nurse & To courses, etc...
  - Advanced Aerospace Medicine for International Medical Officers (6-month duration)
- FY10: Trained 59 from 19 countries; 10 countries
- Since 1923, trained >3200 from 87 countries







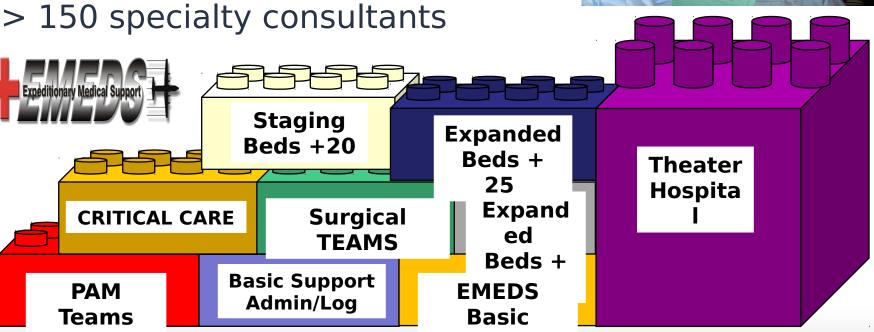


### **EMEDS** and Specialty **Consultants**



- **Expeditionary Medical Support** (EMEDS)
  - Ground patient care in austere env't
  - EMEDS + BOS = HARRT
  - EMEDS-HRT (in development)

> 150 specialty consultants

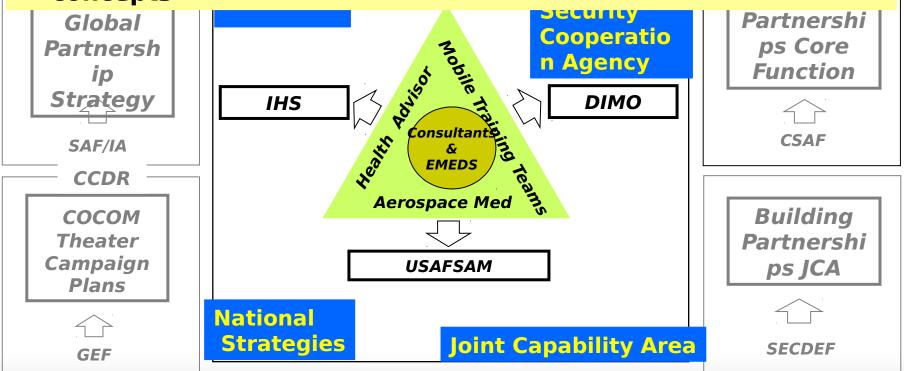


### **AFMS Global Health**

#### Fngagement

#### STRATEGIC FOCUS

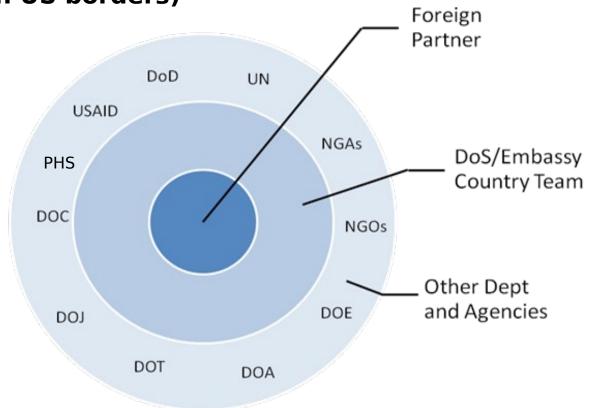
- 1. Access & Influence: Extend the operational reach of the Joint forces
- 2. Biosecurity: Enhance partner nation capability for force health protection, homeland defense and health services
- 3. Coalition & Capability--Optimize partner nation Airpower concepts



### Building Partnerships: Whole Government Approach



BP is an interagency activity led by Department of State (outside of US borders) and Department of Homeland Security (w/in US borders)



Source: USAF Building Partnerships Master Plan (Aug 10 Draft)

## Capabilities for Building Partnerships





Communicate, advise, build partnerships



Train, mentor, expand capabilities



Educate, aerospace expertise, interoperability

# 2011 Military Health System Conference Adapting the Army for Building Partner Conference Adapting to Engage With our Partners?

The Quadruple Aim: Working Together, Achieving Success MAJ O. Sean Friendly
25 Jan 11







HQDA G-35

### **AGENDA**



- Problem Statement
- Background
- Army Efforts to Adapt
  - Army Campaign Plan
  - Security Force Assistance
- Examples of BPC Engagements

### Problem Statement



- Activities to Build Partner Capacity will be more central to Army strategy than in the last half of the 20<sup>th</sup> Century.
  - "the capabilities of the United States' allies and partners may be as important as its own, and building their capacity is arguably as important as, If not more so than, the fighting the United States' does itself." SECDEF Gates, FEB 2009

 Army Institutions were designed to support a different strategy and therefore

### Background



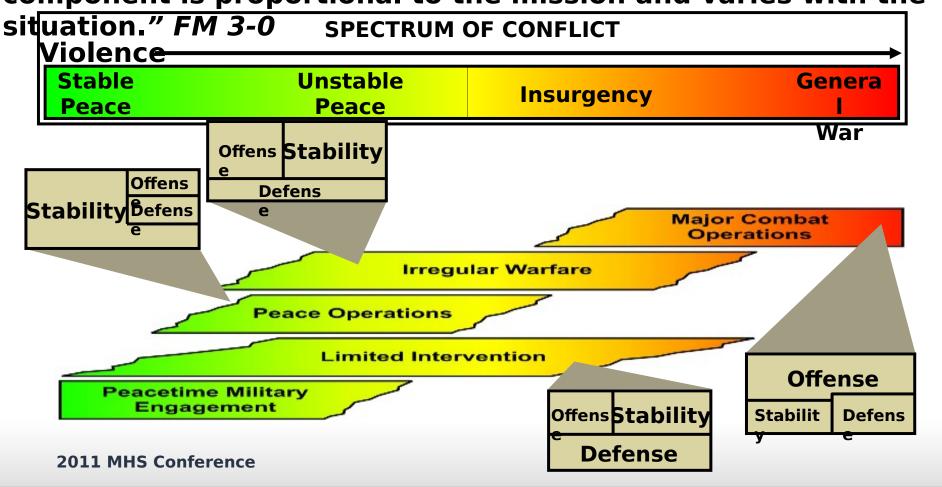
"Given the emerging security environment, the evolving character of conflict, and the Secretary of Defense's vision of balance in our defense strategy, we see four roles for land forces in the 21st century: *prevail* in protracted counterinsurgency campaigns; engage to help other nations build capacity and to assure friends and allies; support civil authorities at home and abroad; deter and defeat hybrid threats and hostile state actors."

General George W. Casey Jr., CSA "The Army of the 21st Century": OCT 09

### **SO-Context**



"Each component of full spectrum operations— offense, defense, stability, and civil support—is necessary in any campaign or joint operation.. The effort accorded to each component is proportional to the mission and varies with the



### **Major Army Effort**



### **Army Campaign Plan**



### Major Objective 8-3

### **ACP 8-3 Description**

Adapt Army institutions for Building Partner Capacity to adapt the generating force to participate in and enable operating forces for building partner capacity.

### **Endstate**

- Army Institutions capable of building the capacity of partner nations to secure themselves, govern their people, and evidence willingness to operate as partners across the spectrum of conflict.
- Agencies capable of building the capacity of partner nations to secure themselves and govern their people.

### urity Force Assistance (SFA) approach



### A Balanced Army for a Balanced Strategy:

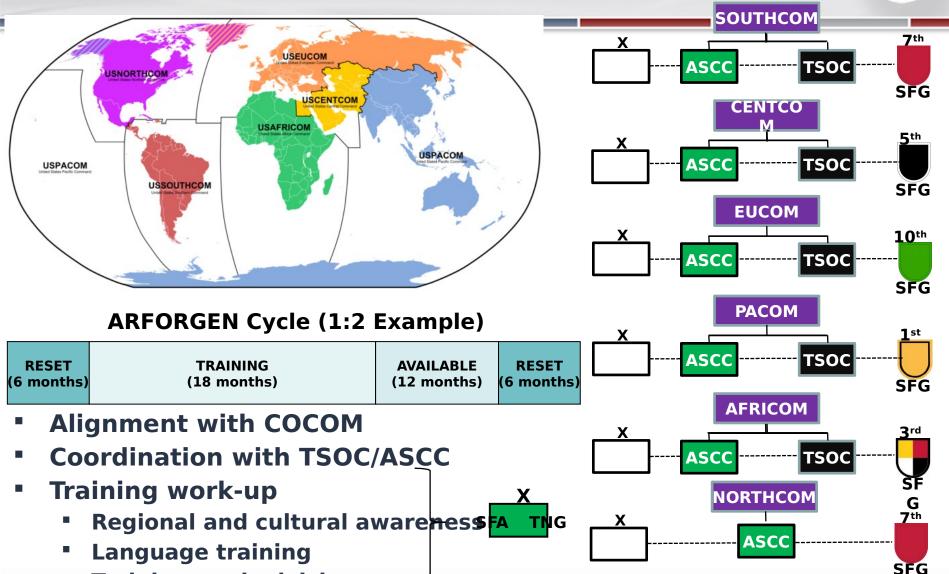
Strategy:

Engage to neip others build their capacity—army and police—to secure their countries and deny their use to terrorist organizations

- Institutionalize SFA training capability
  - Advisor-focused training capability (SFA Training Brigade)
  - Regionally focused modular cells provide regional, cultural and language expertise
  - Personnel development and assignment policies for SFA
  - Integrate DOTML-PF development
- Regionally align forces through ARFORGEN
- Augment forces with SFA enablers as required
- Feedback mechanisms to continuously refine capabilities

#### Global SFA Model





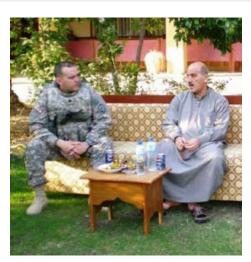
ADDITIONAL SECURITY COOPERATION: FMS, FMF,

**IMET** 

2011 MHS Conference

Training and advising

#### **Army Medicine BPC Engagements**



LTC Mike Smith meets with the Provincial Governor of Diyala, Afghanistan



MEDCAP engagement in Uganda 2011 MHS Conference



CPT Bridges and SSG Mwanyiki Field Sanitation Course Congolese Forces



Participation in the Multinational Cooperation Program in the Asia Pacific. Disaster Readiness Conference.



GEN Gurung and COL Swalko, Field Preventive Medicine



MAJ Bustoz Medical Advising with 8<sup>th</sup> Iraqi Army Med Forces. Civ-Military Medical Facility Engagements.

#### **SUMMARY**



#### The Army is changing!

## We are inculcating the ability to build partnership in to our forces at all levels.

# 2011 Military Health System Conference Operation Unified Response - Haiti USNS COMFORT

**Partnerships in Action** 

CDR Timothy Donahue 25 Jan 11









### **Unprecedented Devastation**





### **Unprecedented Devastation**





#### **International Medical**

Response



#### International Medical Forces Afloat:

SPS CASTILLA
ITN CAVOUR
FRS SIROCCO
ARM HUASTECO
ARM TARRASCO
ARM PAPALOAPAN
ARC BUENAVENTURA
ARC CARTAGENA DE INDIAS

#### **Initial Responders:**

USS NORMANDY
USS UNDERWOOD
USCG LARAMIE
USCG LEGARE
USCG OAK
USCG VALIANT
USCG HAMILTON
USCG TAHOMA
USCG DEPENDABLE

#### GoH / NGO / OGO Medical Forces Ashore:

Ministry of Health
United Nations
USAID
International Red Cross
World Health Organization
Partners in Health

#### International Medical Forces Ashore:

Canadian Field Hospital
China- Medical Rescue Team
Chile-Portable Hospitals
Japan- Medical team
Jordan - Field Hospital
Israel- Field Hospital
Spain- Medical Team

Russia- Mobile Hospital
am Brazil- Field Hospital
Turkey- Field Hospital
France- Field Hospital
Venezuela- Medical Team
Cuba- Medical Team
Italy- Medical Team

US JOINT FORCES AFLOAT

#### **+USNS COMFORT+**

USS NASSAU ARG USS CARL VINSON USS BATAAN ARG

COMFORT

#### US Joint Medical Forces Ashore

EMEDS SPEARR 22 MEU 24 MEU ITE-B

Medical response was a Joint, Inter-agency, Civilian and International effort supporting Government of Haiti

### **Initial Medical Challenges**



Liaison with Shore Facilities

Patient Triage Ashore

Staffing Levels

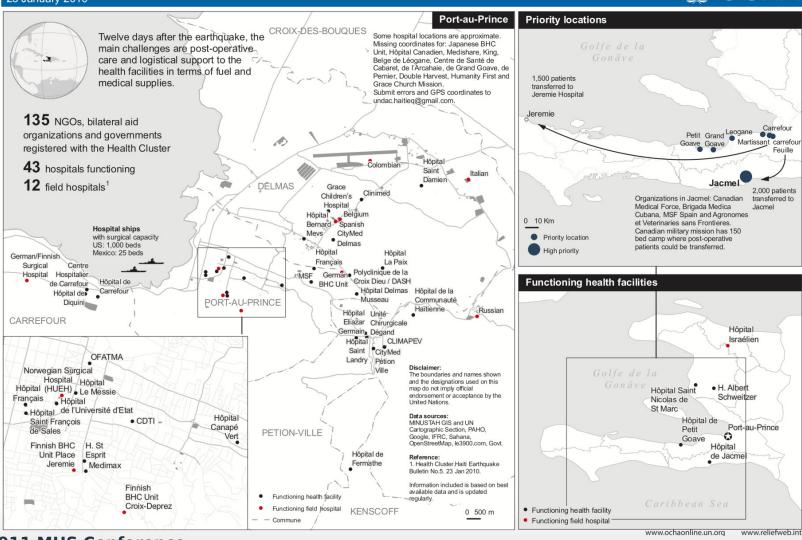


### **Shore Based Medical Facilities**



#### **HAITI -** Health Cluster Update - Functioning Health Facilities and Priorities 25 January 2010





## Shore Based Medical Facilities

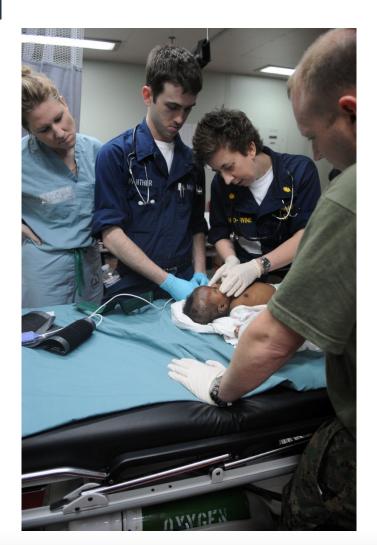




### **Initial Staffing Levels**



- Deployed with Humanitarian Civil Assistance (HCA) mission capabilities.
  - Continuing Promise model
- Surgery
  - 1 orthopedic surgeon
  - Performed 36 straight hours of lifesaving surgery on first day of patient admissions
- Medical Staff
  - Specialties based on humanitarian missions vice disaster response
    - Not enough intensive care and emergency medicine staff
- Nursing Services
  - Wards staffed for 250 beds
  - Filled 411 beds with critical
     care patients



### **Second Challenges**



- Staffing Augmentation
  - Need for NGO's to provide expertise not available through military staffing
    - Pediatric nurse specialists
    - Pediatric intensive care physicians
- Interpretation Capabilities
- Heavy Volume of Orthopedic and Neurosurgical Cases
  - Need for NGO expertise
  - Military orthopedic trauma surgeons deployed already

### **NGO Volunteers**









### **NGO Volunteers**









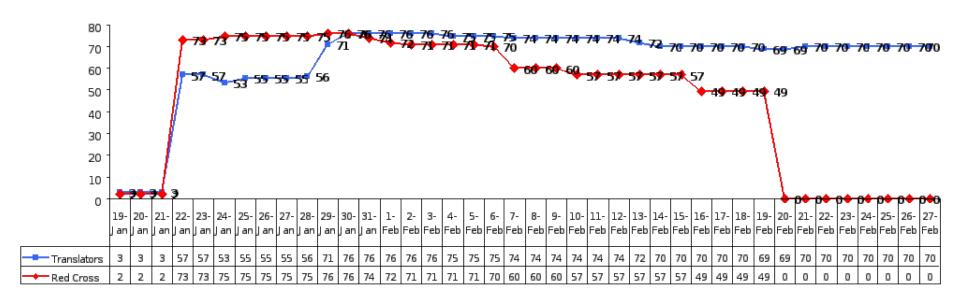


**2011 MHS Conference** 



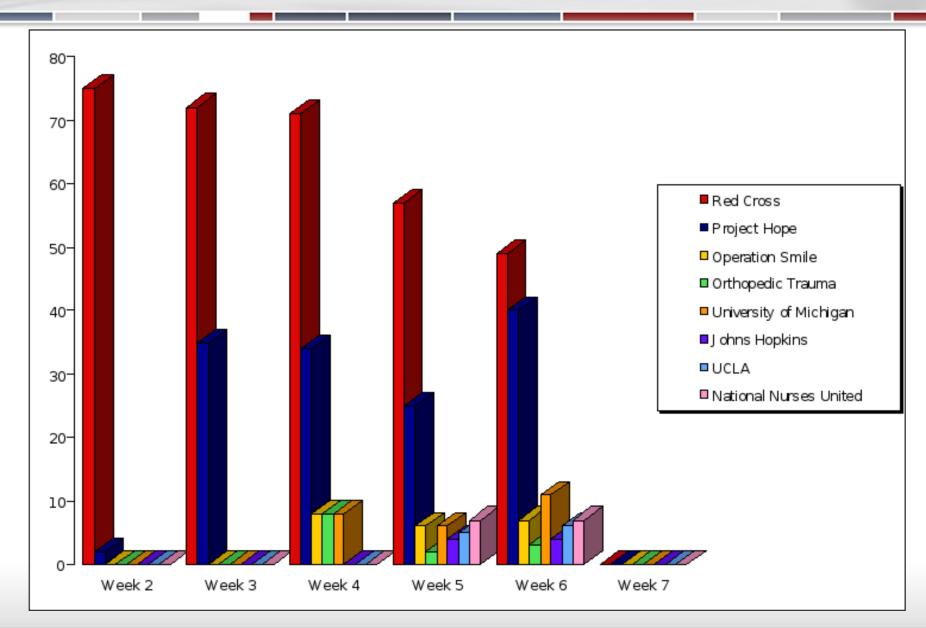
# AMERICAN RED CROSS TRANSLATORS 104 VOLUNTEERS US NAVY TRANSLATORS - 76 FROM THOUGHOUT THE NAVY

Interpreter Census On Board USNS COMFORT (T-AH 20) Operation Unified Response Haiti



#### **NGOs**





## Orthopedic and Neurosurgery Cases







## Orthopedic and Neurosurgery Cases



- 85% patients had orthopedic injuries
- 75% required multiple surgeries
- Deployed with one pediatric orthopedic surgeon
- Initial
   augmentation of
   sixisontho surgeons



## Orthopedic and Neurosurgery Cases



- Single orthopedic trauma surgeon for complex pelvis cases
- Backlog of cases estimated to be three weeks after 8<sup>th</sup> day of taking patients



### Orthopedic and Neurosurgery Surge

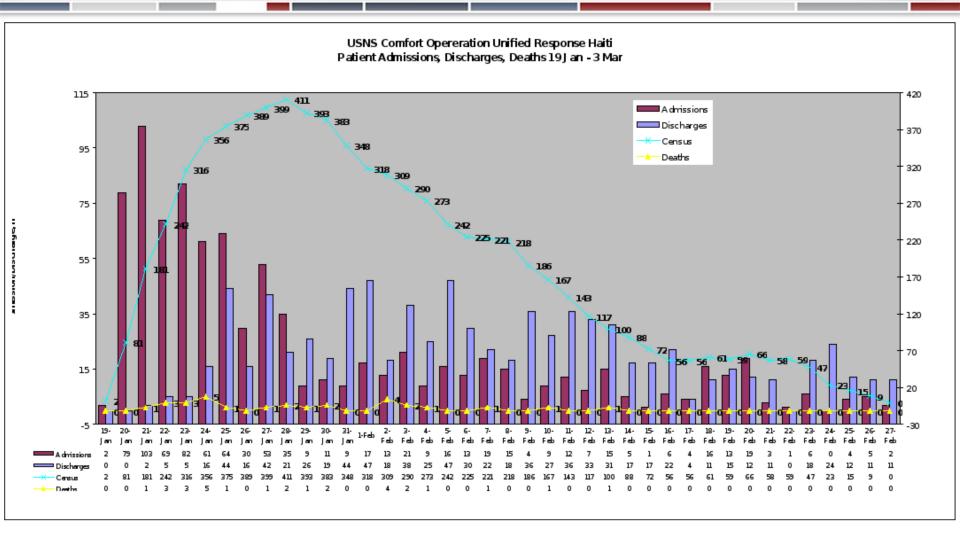


- Orthopedic Trauma Association
  - Established relationship with Army
    - Landstuhl Regional Medical Center
  - Institutional experience and familiarity with MOU's with DoD
- Augmented mission with 18 volunteer surgeons
  - Completed over 120 initial complex orthopedic cases in
     three days



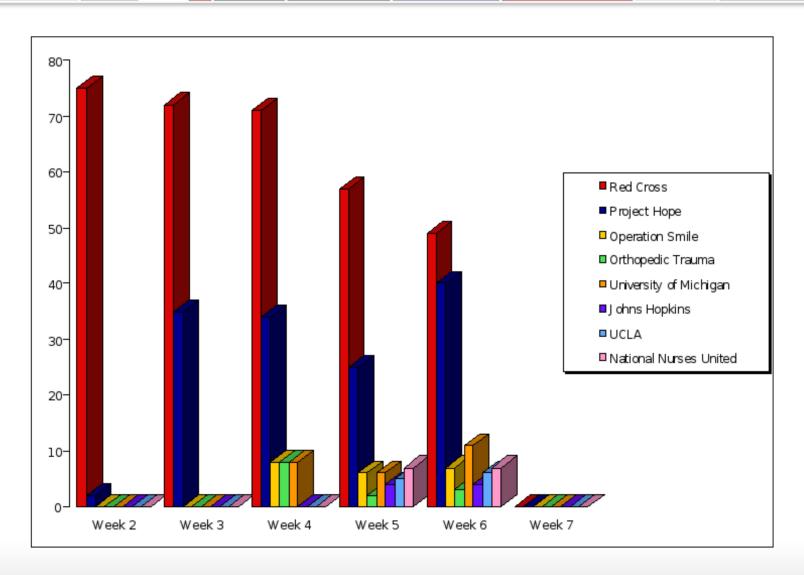
### Admissions, discharges, deaths





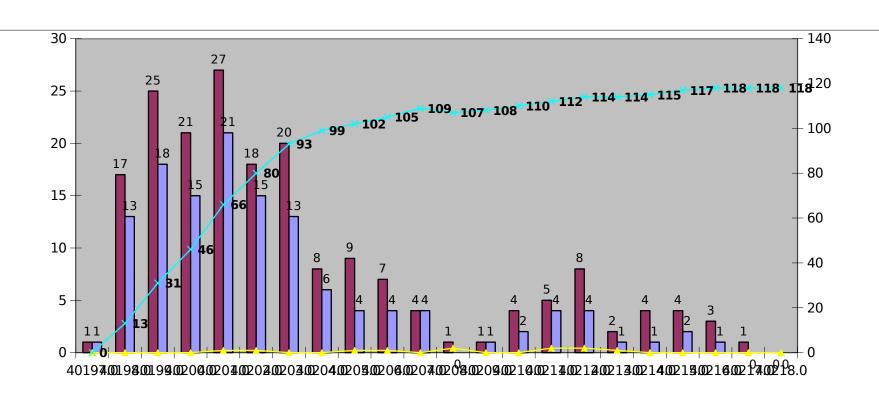
#### **NGOs**





### **Intensive Care Admissions**





#### **Accepting Medical Facilities**



Cond Blout

	Children of Promise**	1	Port-de-Paix
	Sacred Heart**	45	Fond Merie Cap-Haitien
	Partners in Health	14	
	Real Hope for Haiti	10	Carenage
	Love a Child	90	Gonalves O St Michel de L' Atal
	Killick	9	В
d	Terminal Varreux	36 0	Clancourt Cesjardines O Haiti
	St. Damien's Children's Hospital**	30	Mire Sal I Phard
	Heart Line	12	1 Symbol
	Angel Missions	10	Leogane Composition Fermate
	Gheskio Hospital	1	Petit Goave
	PIH / Double Harvest**	4	O Contracto Manta
	<b>Doctors without Borders</b>	3	C. P.M.
d	Canadian Field Hospital	3	
	St. Bonaface**	25	
		1	-

**77** 

**Aerovac** 

#### neauliess skills i **Building Partnership Missions**



- Foreign language skill/proficiency
- Cross-cultural competency
- Appreciate host nation standards & conduct sustainable activities
- Capacity-building focus
- Long-term planning/sequencing
- Performance vs. outcome/effect
- Skill/capability tracking



**Building Partnerships** 

#### Summary



- Services with common challenges to shape readiness capabilities for Building Partnerships
- Building Partnership missions require additional readiness skillsets
- Key to success is collaboration, synchronization and integration

"In the 21st century, military strength will be measured not only by the weapons our troops carry, but by the languages they speak and the cultures they understand."

-President Barack

Obama, 18 Aug 09

### **Questions?**



# The best way to achieve security is to prevent war when possible and to encourage peaceful change within the international system.

-National Defense Strategy, Jun 08

